



Georgia Healthy Families Program

Program Status

August 10, 2006



Choices for a Healthy Life



Agenda

6/1/06 Implementation

- Summary of Atlanta and Central Regions
- Lessons Learned
- CMO Presentations

9/1/06 Implementation in North, East, SE and SW Regions

- Targeted Membership
- IT Readiness Reviews
- Network Readiness



Atlanta and Central Regions

Combined Membership	591,574 Members (July 2006 GHF membership)
Total Paid CMO Claims*	\$47M (as of 8/8/06)
Total Paid Pharmacy Claims	\$20.5M (as of 8/8/06)

* Excludes Behavioral Health, Dental, Vision



Atlanta and Central Regions

	PCPs* (as of 7/31/06)	Specialists* (as of 7/31/06)	Hospitals (as of 7/31/06)
AMERIGROUP (Atlanta Region)	1,827	7,977	30
Peach State	3,444	8,309	71
WellCare	3,130	6,351	65

* Not unique providers; includes multiple locations



GHF Implementation: War Room

- On-site CMO Expeditors
- Daily Stand-up Meetings to Review Performance and Issues
- Daily Reporting Metrics and Flash Reports
- Daily Teleconferences with Professional Provider Associations



Lessons Learned: 6/1/06 Implementation

Transition of Care

- Each CMO had a 30-day “Grace Period” (Practice Period), but Providers needed a longer period to adjust to new policies and PA requirements.
- Providers needed additional education on CMO policies and procedures.



Lessons Learned: 6/1/06 Implementation

Provider Contracting and Loading

- Significant number of Providers submitted Contracts late in May and June.
- Late Contract volume created backlogs and payment delays to Providers.



Lessons Learned: 6/1/06 Implementation

Claims Coding and Submission

- Unique billing and coding practices under the FFS program created some significant payment issues for the CMOs.
- Differences in web capabilities between the GHP and CMO web portals impacted the ability to identify claims status.



Targeted Membership for North, East, Southeast and Southwest Regions

Selection Rate as of August 8, 2006

Members scheduled for August 13th Auto-Assignment	Members scheduled for September 24th Auto-Assignment
<ul style="list-style-type: none">● Currently 226,839 Eligibles● Of those eligible, 75,898 members have made a selection● 33% Selection Rate	<ul style="list-style-type: none">● Currently 218,227 Eligibles● Of those eligible, 42,138 members have made a selection● 19% Selection Rate



IT Readiness: Current Activities

- Readiness Review for All Vendors individually and for the Enterprise as a whole completed on July 20, 2006, with a follow-up session with WellCare on July 26, 2006.



IT Assessment Review

- Formal Methodology and process based on FourThought Group Proprietary Assessment Tool (Maturity Assessment Tracking Tool).
- FourThought Group performed onsite and remote review of test results for all vendors to validate compliance with DCH requirements.
- Multiple site visits and/or web meetings conducted with all partners to review results.
- Assessment focused on Member enrollment interfaces and transaction volume testing. There are no changes to system processing or infrastructure since our review in April 2006.



IT Results of Current Checkpoint

- Current Status indicates a “GO” decision for 9/1/06. No major issues found for IT functions.



Network Readiness

**North, East, Southeast and Southwest
Regions**



Current FFS Medicaid Access: Pediatricians and Pediatric Subspecialists (Number of providers and access percentage**)

	East	North	SE	SW
Pediatric Membership*	63,817	138,736	100,298	109,758
Pediatricians***	352 / 83%	617 / 86%	383 / 83%	341 / 78%
Pediatric Cardiology	8 / 74%	7 / 63%	10 / 57%	12 / 56%
Pediatric Endocrinology	2 / 65%	1 / 17%	4 / 47%	1 / 25%
Pediatric General Surgery	2 / 67%	5 / 65%	5 / 49%	0 / 0%
Pediatric Orthopedics	1 / 65%	5 / 30%	2 / 43%	2 / 35%

* Pediatric membership from 12/05 – Under 19 years

** Access percentages based on Urban Standard

*** Includes a number of Family Medicine Doctors or General Practitioners (provider coding issue)



Available Pediatricians and Pediatric Subspecialists (Based on 2006 Georgia AAP data*)

	East		North		SE		SW	
	AAP*	FFS	AAP*	FFS	AAP*	FFS	AAP*	FFS
Pediatricians	84	352 / 83%	108	617 / 86%	99	383 / 83%	65	341 / 78%
Pediatric Cardiology	4	8 / 74%	5	7 / 63%	3	10 / 57%	4	12 / 56%
Pediatric Endocrinology	2	2 / 65%	2	1 / 17%	1	4 / 47%	1	1 / 25%
Pediatric General Surgery	2	2 / 67%	1	5 / 65%	2	5 / 49%	0	0 / 0%
Pediatric Orthopedics	1	1 / 65%	0	5 / 30%	0	2 / 43%	0	2 / 35%

* Board Certified



North Region

GeoAccess Network Development

As Reported July 17, 2006



North PCPs and Pediatricians

(Network Access Percentages)

	Amerigroup		WellCare	
	Urban	Rural	Urban	Rural
PCPs	82%	96%	75%	99%
Pediatricians	77%	62%	65%	69%
Significant Traditional Providers	28%		66%	



East Region

GeoAccess Network Development

As Reported July 17, 2006



East PCPs and Pediatricians

(Network Access Percentages)

	Amerigroup		WellCare	
	Urban	Rural	Urban	Rural
PCPs	87%	94%	86%	90%
Pediatricians	80%	35%	71%	21%
Significant Traditional Providers	24%		60%	



Southeast Region

GeoAccess Network Development

As Reported July 17, 2006



Southeast PCPs and Pediatricians

(Network Access Percentages)

	Amerigroup		WellCare	
	Urban	Rural	Urban	Rural
PCPs	57%	64%	52%	66%
Pediatricians	51%	35%	51%	35%
Significant Traditional Providers	20%		54%	



Southwest Region

GeoAccess Network Development

As Reported July 17, 2006



Southwest PCPs and Pediatricians

(Network Access Percentages)

	Peach State		WellCare	
	Urban	Rural	Urban	Rural
PCPs	80%	81%	65%	67%
Pediatricians	71%	42%	59%	13%
Significant Traditional Providers	49%		40%	



Georgia Healthy Families Summary

- Lessons Learned from 6/1/06
 - Networks Continued to Grow and Improve after Implementation
- Parts of State today have limited or inadequate access to Providers in general, particularly for certain specialty types
- Each CMO continues to aggressively develop networks throughout North, East, SE and SW Regions
- Unless an individual CMO in an individual region can demonstrate a comprehensive plan to provide adequate access, that CMO will not be able to go forward. Alternate delivery systems will be made available.

Implementation Recommendations for September 1, 2006

AMERIGROUP Lessons Learned

- Timely Loading on Contracts delayed reimbursement for some providers
 - Delays from Hospital Contracting (many executed by hospitals after go-live)
 - General volume due to late contracting
 - Full Credentialing required 30 days before provider could be active
 - Volume of contracts received around June 1 difficult to process quickly
- Prior Authorization (PA) requests within guidelines, but Providers demanding quicker turn-around
 - PAs for Therapies have been much higher than anticipated.
AMERIGROUP reallocated FTE resources to speed processing and response to Providers for PA requests

AMERIGROUP Mitigation Strategy

- Continuing to encourage timely contracting, but preparing for late contracting
- Requested DCH permission to do “interim credentialing” which was granted
- Extend continuity of care and “practice period” for provider PA requirements from 30 days to 60 days
- Despite ability of CMO to pay non-par providers at 90%, AMERIGROUP will pay non-par providers at 100% for at least the first 60 days after go-live to allow more time for provider to contract with AGP
- AMERIGROUP has added 5 additional staff to load and configure provider contracts/applications

AMERIGROUP: Additional Efforts

- AMERIGROUP would like increased provider participation in EDI & EFT/ERA
 - AMERIGROUP will increase efforts near term to get providers to participate in electronic transaction processing
- AMERIGROUP would like increased provider participation in orientation opportunities
 - AMERIGROUP has, and will continue, to offer multiple opportunities for provider education including orientations, office hours, personal attention, in-office training, and various provider “helpful hints”
- AMERIGROUP has identified some “loose ends” in claims payments – some of which AMERIGROUP will need to correct
 - AMERIGROUP is actively changing configuration and reprocessing claims (including interest payments) for some issues identified by providers – IFI fee schedule update, Mom & Baby claims processing, etc.



Atlanta/Central Implementation Update

August 10, 2006

PSHP Atlanta/Central Recap

- **Live on 6/1/06 with approx 213,000 lives at the time of 'Go Live'**
- **Aggressive payment strategy**
 - \$16.5 million in claims paid (as of 8/8/06)
 - 162,920 claims processed (as of 8/8/06)
- **Medical Management Operations stable from inception**
 - 18,526 calls received in first 60 days
 - 11,622 authorizations processed
 - 1,482 therapy authorizations processed
- **Provider network adequate with:**
 - 1,247 PCP network coverage
 - 2,752 Specialist network coverage
 - 83 Hospitals
 - 950 Pediatric Sub Specialists

60 Day Observations

- **Provider input to filing system has been instrumental in improving claims policies**
- **Ongoing training opportunities to providers and staff are important**
- **Open communication between doctors, patients and insurers is critical for issue resolution**

What We Are Doing

- **Proactive community outreach**
 - Ongoing dialogue with providers and industry leaders
 - Ensuring all known issues being worked to resolution
- **Collaborative resolution of provider-specific issues**
 - Increased staff to process claims
 - Claims submission assistance
 - Patient allocation assistance
 - Additional training and education
- **Daily scheduled calls with DCH**
 - Report progress
 - Provides additional insights and ideas for solutions



Healthy Families, Healthy Communities



**Georgia Healthy Families Program
9/1 Readiness Summary**

Program Readiness



- ✓ Our network will meet readiness/access requirements (over 420 provider agreements received since 7/17) based on DCH requirements
- ✓ Operational & Systems infrastructure, regional offices and staffing in place to address provider and member issues – ID cards, member materials, provider PA requirements, provider loading prior to Go-Live – Offices in each region
- ✓ On-going provider meetings and orientations to assure understanding of program policies, requirements and structure for claims payments, authorizations, etc.

Critical Activities



- ✓ Finalize key provider agreements in all regions
- ✓ Complete systematic loading of provider data to assure complete configuration prior to 9/1 – systematic load on 8/15
- ✓ Clear communication of program requirements to providers, office staff, and WCG field representatives
- ✓ Meetings with stakeholders throughout the 4-regions

What We Have Achieved

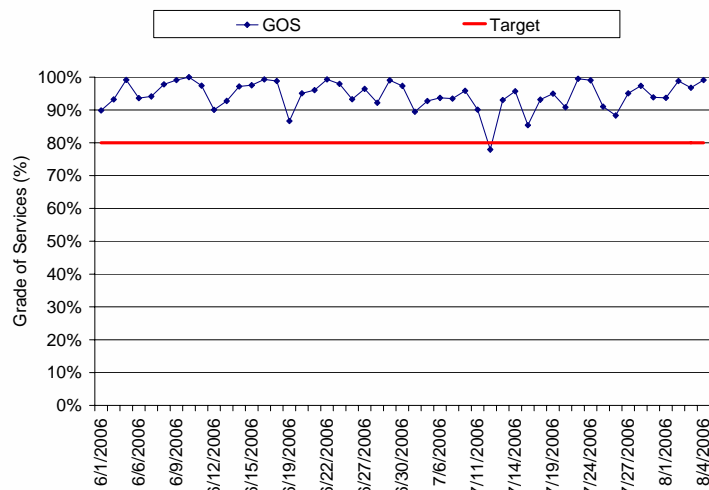


- Identification of 97 high-risk & teen OB cases – WCG Outreach staff coordinating prenatal visits, transportation and service delivery to ensure full-term deliveries
- OTC Medications valued over \$20,000 provided to Medicaid members at no cost
- Identification of 270 high utilizers of ER services; (currently coordinating provider relationships to ensure access and treatment for chronic but manageable conditions)

Service for Georgia Members and Providers:

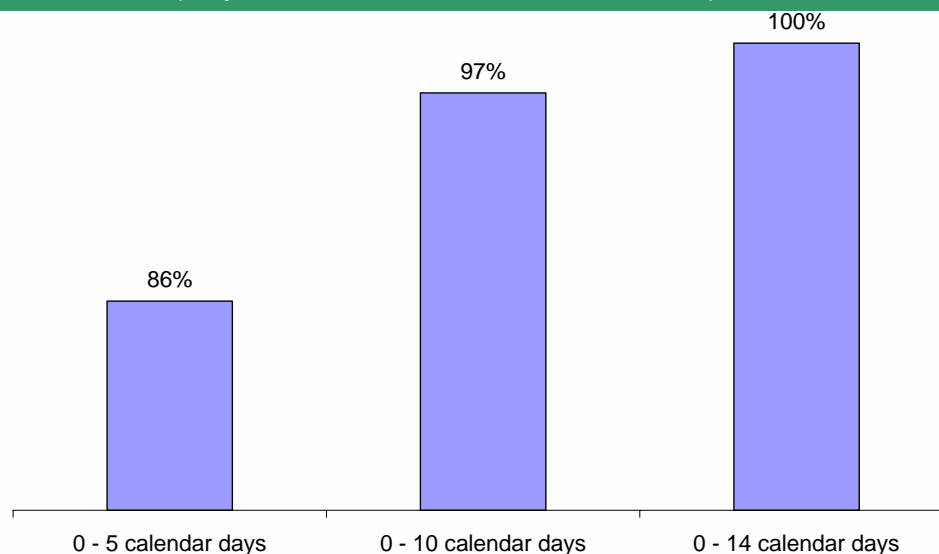


GA Member Services Daily Grade of Services

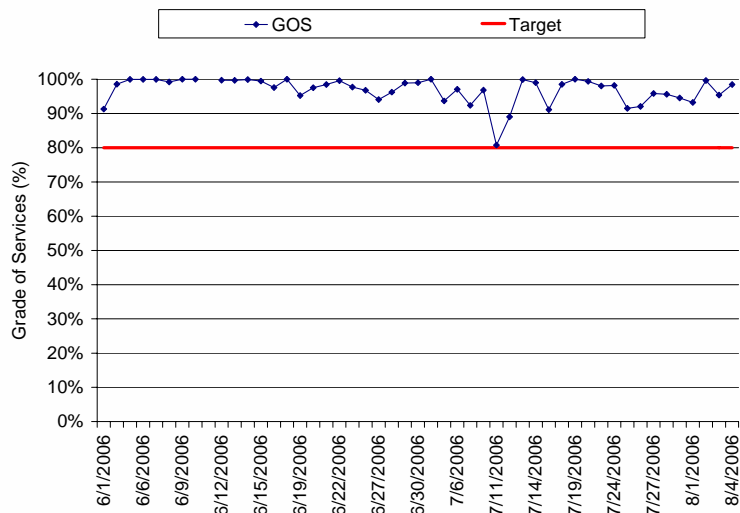


- SWAT team approach to interactions with physicians and hospitals during transition
- High staffing ratios and preparedness yield rapid responsiveness to providers and members

% WCG Authorization Completed within Target Period of Time
(July 2006: 13K Total Auth Processed)

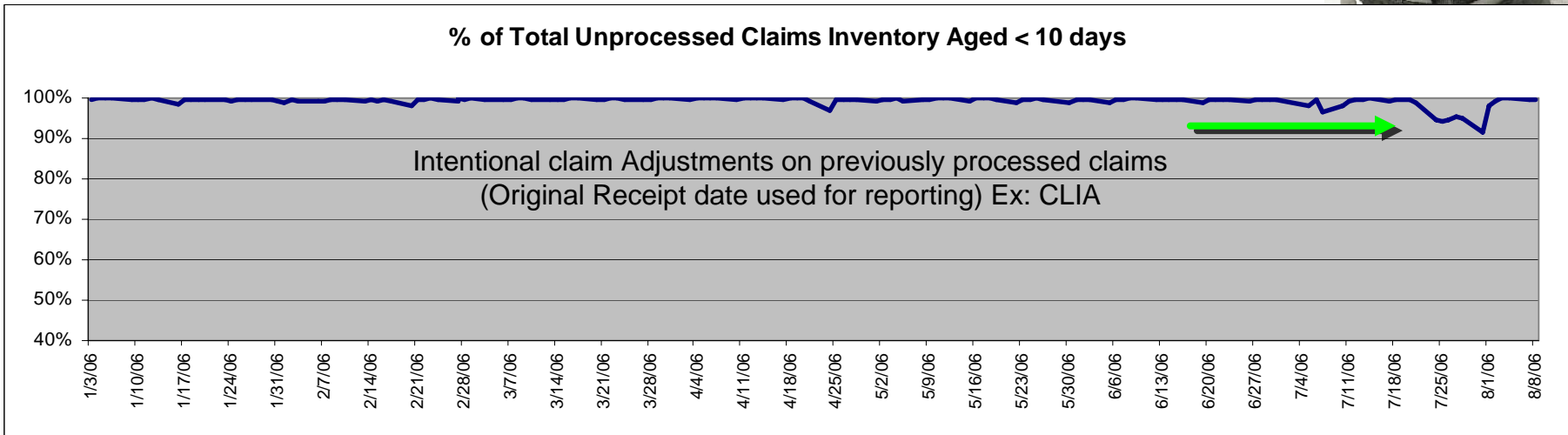


GA Provider Services Daily Grade of Services



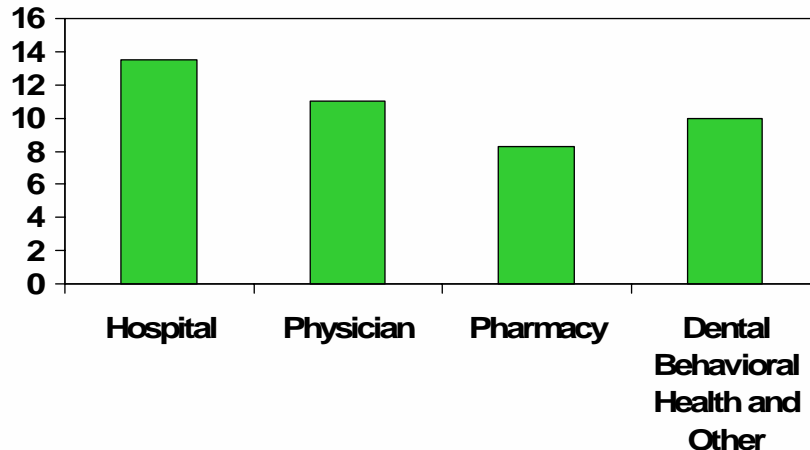
Source: WCG Analysis

Claims Payment Summary



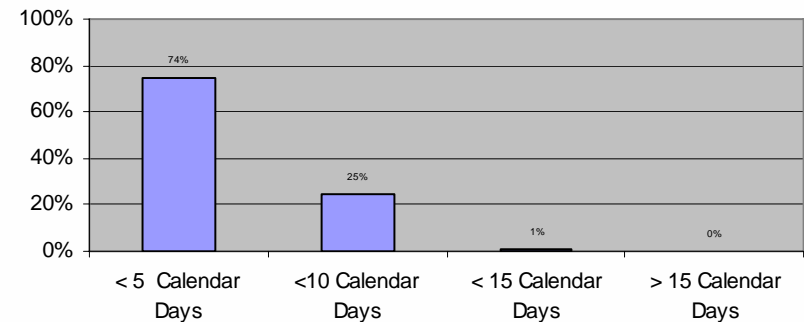
- \$42.5 million paid as of 8/4:

Claims paid, by category (June-July paid through August 9)



- All claims currently processed in under 15 days

Georgia Unprocessed Claims 08-08-2006



Lessons Learned



- ✓ Selectively extend transition of care timeframe – certain providers will require more time for a complete transition to managed care; we will work with them beyond the 60-day timeframe to assure an easy transition – critical for regions with limited managed care experience
- ✓ Selectively adjust medical management processes and contract requirements to reflect market geography and established patterns of care, and
- ✓ Assure consistent messaging and instructions to providers in all regions
- ✓ Increased staffing on claims, customer service, and authorization processing
- ✓ Field staff in provider offices and working closely with hospitals to ensure program success